

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N05000011204

Entity Name: VERANO AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2199 SW 81 AVE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

7900 NW 155TH STREET  
205  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 20-3807763      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS J ESQ  
4000 HOLLYWOOD BLVD SUITE 265 S  
HOLLYWOOD, FL 33021      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CHERY, MACALIE MARIE  
Address: 1341 SW 104 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: STD      ( ) Delete  
Name: ESCOBAR, CESAR  
Address: 8110 SW 21 CT BLDG 13  
City-St-Zip: MIRAMAR, FL 33025

Title: VPD      ( ) Delete  
Name: IDOWU, AYOADEO  
Address: 1751 SW 83 TERR  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACALIE MARIE CHERY

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date